#### MARYLAND ACCESSIBILITY CODE WAIVER REQUEST FORM

The Department (DHCD) has no authority to waive requirements imposed by federal law and may exercise its waiver authority only when the Maryland Accessibility Code is more restrictive than federal law.

Where strict compliance with the Maryland Accessibility Code may cause undue hardship because of the nature of use, occupancy or other factors, a waiver from such requirement may be requested.

**STOP:** You must check one or more of the items listed below for a waiver request to be reviewed for consideration. A request for waiver cannot be processed unless it concerns a Maryland Accessibility Code requirement that is more restrictive than federal law.

a.	Existing multi-family dwellings, i.e., existing buildings of four or more dwelling units.
b.	Building and facilities used or owned by religious organizations.
c.	Buildings and facilities used or owned by private clubs.
d.	The second story of a <u>two-story building</u> (other than State and local government buildings) if the gross floor area of the second story exceeds 4,000 square feet.
e.	Mezzanine(s) in a two-story building (other than State and local government buildings) if the combined gross floor area of the mezzanine(s) exceeds 4,000 square feet.
f.	Minimum dimensions of 48" in width required for a toilet stall in alteration work.

INSTRUCTIONS: STOP: Do not proceed unless you have checked an item above.

A. Once you have checked one or more of the more restrictive Maryland items listed above, a written waiver request form and supporting documents shall be submitted in triplicate to the Director, Maryland Codes Administration, Department of Housing and Community Development (3 letters and/or 3 waiver request forms, 3 sets drawings, photographs, etc.), see note.

#### MARYLAND ACCESSIBILITY CODE WAIVER REQUEST FORM PAGE 2

NOTE: Submit <u>four copies</u> of all information where your request pertains to State, local government, and/or historic buildings and facilities, including public transit facilities.

B. Maryland Codes Administration will review the documents submitted for completeness. The applicant will be contacted promptly to request additional information needed to process the request. When there is a lack of information or drawing detail, your waiver request may be delayed and require additional steps to process.

Listed below are examples of documentation that that may be submitted:

Check as appropriate (information being submitted):

\_\_\_\_\_site plan

\_\_\_\_site plan indicating (grade, access route, etc.)

\_\_\_\_parking lot plan indicating accessible parking

\_\_\_\_building floor plan(s) (indicate scale)--a pencil sketch is acceptable

\_\_\_\_elevations (exterior views) of building(s)

\_\_\_\_photograph(s) of area(s) relevant to your request for waiver

\_\_\_\_height of building entrance(s) above grade = \_\_\_\_\_

\_\_\_sections indicating floor elevations

\_\_\_\_interior dimensions of \_\_\_\_bathrooms \_\_\_\_halls

\_\_\_\_door schedule\_\_\_\_\_

\_\_clear width of doorways

hardware schedule

## MARYLAND ACCESSIBILITY CODE WAIVER REQUEST FORM PAGE 3

1.	Date:		
2.	Your name: Company: Address:		
	Telephone FAX		
3.	Project Name: Address:		
4.	Your interest in this project: Owner Architect Builder Engineer Other		
5.	Intended use of building		
	Current use of building		
6.	New construction Addition Alteration Change of use		
7.	Number of stories Above grade Below grade		
8.	Year the original building was constructed:		
9.	Is building historic or in an historic district?		
	Yes No Where registered:		
10.	Waiver discussed with local building department?		
	Yes No Date (see item #14)		
11.	List each item separately (be specific). I hereby request a waiver from the requirement(s) of the Maryland Accessibility Code for the following:		
	Item #1		

## MARYLAND ACCESSIBILITY CODE WAIVER REQUEST FORM PAGE 4

prevent the construction of access facilities as described in the supplication, such as plans, sketches, and site drawings provided clarification by the applicant;  (b) financial hardship when the cost of compliance is disproportionate cost of construction if the applicant has provided financial statement (c) the information supplied by the designated disability advisory group and local government officials, and for historic properties by the historic preservation officer or the officer's designee.  (d) The investigation may include a site visit by a State official government official, designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the State historic preservation officer or the officer's designated disability advisory group, and for properties the state historic preservation officer or the officer's designated disability advisory group, and for properties the state historic preservat	Waiv	ver shall be granted or denied based upon factors such as, but not limited		
cost of construction if the applicant has provided financial statement  (c) the information supplied by the designated disability advisory grou and local government officials, and for historic properties by the historic preservation officer or the officer's designee.  (d) The investigation may include a site visit by a State official government official, designated disability advisory group, and for properties the State historic preservation officer or the officer's des  This waiver request is based upon action of the local jurisdiction.  Permit Denied	(a)	Feasibility hardship due to unusual building or site conditions whice prevent the construction of access facilities as described in the supproduction, such as plans, sketches, and site drawings provided clarification by the applicant;		
and local government officials, and for historic properties by the historic preservation officer or the officer's designee.  (d) The investigation may include a site visit by a State official government official, designated disability advisory group, and for properties the State historic preservation officer or the officer's des  This waiver request is based upon action of the local jurisdiction.  Permit Denied	(b)	financial hardship when the cost of compliance is disproportionate cost of construction if the applicant has provided financial statement		
government official, designated disability advisory group, and for properties the State historic preservation officer or the officer's des  This waiver request is based upon action of the local jurisdiction.  Permit Denied	(c)	the information supplied by the designated disability advisory grou and local government officials, and for historic properties by the historic preservation officer or the officer's designee.		
Permit Denied	(d)	The investigation may include a site visit by a State official government official, designated disability advisory group, and for properties the State historic preservation officer or the officer's designated as a state of the		
Date Name of Building Official  Phone #: Department:  Explain:	This	waiver request is based upon action of the local jurisdiction.		
Phone #: Department:  Explain:	Perm			
	Phone	_		
		ain:		
	Expla			
Copy of denial attached	Expla			

# MARYLAND ACCESSIBILITY CODE WAIVER REQUEST FORM PAGE 5

	16.	Waiver request form completed by:					
		Signed:	Date				
		Print name:	Phone#				
(Please	e use ad	ditional paper as needed.)					
Submit all information in triplicate (or as indicated under instructions in Section A).							
wvrreq.	doc						